



## Michigan *EnhanceFitness* Document Cover Sheet

### Instructions

- Please use this sheet as a cover for MI *EnhanceFitness* forms submitted (by post, email attachment, or fax) to the Michigan Department of Health and Human Services (MDHHS). Please send forms at least monthly.
  - Mail forms to:  
**MDHHS – EnhanceFitness Program**  
**WSB, 7<sup>th</sup> floor**  
**P. O. Box 30195**  
**Lansing, MI 48909**
  - Email forms (or send general inquiries) to: [EFMichigan@gmail.com](mailto:EFMichigan@gmail.com)
  - Fax forms to: **(517) 335-9461**
- Questions? Contact Doreen Chambers at [ChambersD1@michigan.gov](mailto:ChambersD1@michigan.gov) or (517) 517-241-5652

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### Sender Information

- Sender's Name:
- Sender's Email: Sender's Phone:
- Organization:
- EF Licensed Organization (if different):

### Document Information

- Included in this transmittal are the following (*check all that apply*):
  - Participants Information Forms (PIFs)
  - Fitness Check Forms
  - Attendance Sheets
- Materials in this packet are from:
  - A single class (at a single location)
  - Multiple classes and/or locations\*

\*Please be sure all forms include site/class information

### Comments/Notes

- Anything else we should know about the documents enclosed?

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*For MDHHS use only*

Notes:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



Chair stand:  (# of STANDS in **30 seconds**)

Unable to do one chair stand, even with assistance

Arm curl:  (# of REPS in **30 seconds**)

5 lb (Female)

Right arm

8 lb (Male)

Left arm

Unable to lift required weight

8-foot Up-and-go:  (# of SECONDS to complete **one circuit**. Round to the nearest whole second.)

Used walker, cane or other assistive device

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### Optional Fitness Checks

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2-minute step test:  (# of STEPS, counting just ONE LEG, in **2 minutes**)

6-minute walk:  (# of YARDS walked in **6 minutes**)

One-leg stand:  (# of SECONDS)

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### Important Confidentiality Notice

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MI *EnhanceFitness* partner agencies and Project Enhance/Sound Generations (Seattle, WA), developer of the *EnhanceFitness* program, would like to know how this program can improve people's health. The information on this form is sent to Project Enhance by the MI Department of Health and Human Services. Project Enhance may share fitness check results and demographic information (like race and gender) with researchers who help them to evaluate the program's effectiveness. Your information is kept private (as provided by law). Each person is assigned a code number, and responses from all people are combined to measure progress for all groups. No personal information is released or printed. Sharing your information is your choice. If you choose not to, you can still take the class and have the instructor test your progress through fitness checks. Please see the 'MI *EnhanceFitness* Privacy Notice' for further information. If you are willing to have your fitness check results used for program evaluation, mark "Yes" below.

***I am willing to have my fitness check results used for program evaluation.***     Yes     No

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*Signature*

*Date*



# Health History Form

**Class Information**  
 Site name: \_\_\_\_\_ Class time: \_\_\_\_\_

Thank you for taking the time to complete this form. While you may leave any question blank, we encourage you to complete the form. It provides essential information about your health and fitness level for your Instructor. **All your answers will be kept strictly confidential.**

## Personal Contact Information

Name: \_\_\_\_\_

Birth Date: 

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Month Day Year

Gender:  Female  Male  Other

Address: \_\_\_\_\_

Phone 1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Apt/Unit: \_\_\_\_\_

Phone 2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

## Emergency Contact Person

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Physician Information

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- What do you **hope to accomplish** by participating in this exercise program?  
 \_\_\_\_\_

## Health Information

- What **medications** do you currently take? Please include *dosage* and *frequency* for each. (Attach additional sheet if necessary.)

Medication \_\_\_\_\_ Medication \_\_\_\_\_

Dose \_\_\_\_\_ Frequency \_\_\_\_\_ times/day Dose \_\_\_\_\_ Frequency \_\_\_\_\_ times/day

Medication \_\_\_\_\_ Medication \_\_\_\_\_

Dose \_\_\_\_\_ Frequency \_\_\_\_\_ times/day Dose \_\_\_\_\_ Frequency \_\_\_\_\_ times/day

- Do you have any **allergies** to any foods or medications? If so, please list.  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART I: HEALTH HISTORY**

- Do you have a history of any of the following? (Mark all that apply, including the year the condition was diagnosed or first developed.)

√	Year		√	Year		√	Year	
		Alzheimer's disease			Foot/ankle swelling			Parkinson's disease
		Arthritis			Heart attack			Poor leg circulation ( left right both )
		Back problems			Heart disease			Rheumatic disease
		Blackouts			Heart surgery			Seizures or epilepsy
		Broken bones			Hernia			Severe headaches
		Cancer			High blood pressure/Hypertension			Shortness of breath
		Chest pain/angina			Irregular/rapid heart beats			Smoking (# cigarettes per day____)
		Cholesterol over 240			Knee injuries			Stroke
		Congestive heart failure			Lung disease/ breathing			Surgery in past year
		Depression			Macular degeneration			Unsteadiness
		Diabetes			Memory loss			Weakness
		Dizziness or blurred vision			Multiple sclerosis			
		Double vision			Osteoporosis			
		Emphysema			Pacemaker/defibrulator			
		Fall(s)						

Other conditions or additional information \_\_\_\_\_  
 \_\_\_\_\_

**PART II: SELF-ASSESSMENT**

- Do you believe you are physically fit?  Yes  No
- Are you happy with your current weight?  Yes  No
- Can you stand up from a chair without using the arms?  Yes  No
- Can you get up from the floor without assistance?  Yes  No
- Can you stand on one leg without support?  Yes  No
- Can you walk up and down steps without using the handrail?  Yes  No
- Can you walk around a city block without being short of breath?  Yes  No

- What types of exercise do you currently do on a regular basis? Place a check mark next to each and indicate how many times a week you do it per week on the line next to it.

- Aerobics \_\_\_\_\_
- Biking \_\_\_\_\_
- Dancing \_\_\_\_\_
- Jogging \_\_\_\_\_
- Martial Arts \_\_\_\_\_
- Rowing \_\_\_\_\_
- Skating \_\_\_\_\_
- Stretching \_\_\_\_\_
- Swimming \_\_\_\_\_
- Tai-Chi \_\_\_\_\_
- Tennis \_\_\_\_\_
- Walking \_\_\_\_\_
- Weight lifting \_\_\_\_\_
- Yoga \_\_\_\_\_
- Other: \_\_\_\_\_

I, \_\_\_\_\_, hereby acknowledge that all the above information is true. I release Sound Generations (Seattle, WA) and all of its agents from all liability for any accident, injury or damages of any kind to persons or property that might occur while I participate in an EnhanceFitness® class.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Michigan *EnhanceFitness* Privacy Notice

*EnhanceFitness* (EF) is an evidence-based, low cost group exercise program. The program helps older adults, of all fitness levels, become more active and energized so they can lead independent lives. Project Enhance (a program of Sound Generations – Seattle, WA) developed the *EnhanceFitness* program. They provide training and support to community-based organizations that offer EF.

Project Enhance collects information to ensure the quality of the program remains high. Michigan EF partners have joined with the Michigan Department of Health and Human Services (MDHHS) to collect and share information with Project Enhance securely and accurately.

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When you complete the *EnhanceFitness* program forms, you help the Michigan EF partners and Project Enhance understand who attends the classes and what types of people benefit most. Here are some important things for you to know about how your information is used:

- You do not have to complete the forms. You may leave any question blank. You can still participate in the class and have the instructors test your progress through regular fitness checks even if you do not provide this information.
- *Participant Information Forms* and *Fitness Check Forms* are sent to MDHHS where they are put into a secure, web-based data entry system. Forms are kept in locked cabinets, in a secure building for two years, and then destroyed.
- Your personal information is kept private (as required by law). No personal information is released or printed.
- Information is collected to keep track of how many people are coming to the class and for other similar purposes. It is also used to match information like your gender, ethnicity/race, and health conditions with results from fitness tests.
- Each person is assigned a code number so that no identifying information is used for evaluation. Responses from all people are combined to measure progress for all groups.
- Project Enhance may share that group-level information, without names or other private information, with researchers who help evaluate the program's success.
- Your *Health History Form* stays in the place where you take your class. It provides your instructor(s) with important information about your fitness, health conditions that may affect your ability to participate in physical activity, and an emergency contact in the event of accident or injury. This information is kept private.

Contact the MDHHS Arthritis Program for more information about the Michigan *EnhanceFitness* program.

Phone (517) 335-7992

Email [EFMichigan@gmail.com](mailto:EFMichigan@gmail.com)

Web [www.michigan.gov/arthritis](http://www.michigan.gov/arthritis)

Mail EnhanceFitness Program, WSB 7<sup>th</sup> Floor  
P.O. Box 30195, Lansing, MI 48909

Contact Project Enhance/Sound Generations to learn more about EnhanceFitness and Project Enhance and their efforts to help older adults stay healthy and active.

Phone (206) 448-5725

Web [www.projectenhance.org](http://www.projectenhance.org)

Mail Project Enhance/Sound Generations  
2208 2<sup>nd</sup> Avenue, Seattle, WA 98121



# Participant Information Form

## Class Information

Site name: \_\_\_\_\_ Class time: \_\_\_\_\_

MI EnhanceFitness partner agencies and Project Enhance/Sound Generations (Seattle, WA), developer of the EnhanceFitness program, would like to know how this program can improve people's health. When you complete this form, you help them understand who attends the classes, and what types of people benefit most. Completing this form is your choice, and you may leave any question blank. Your personal information will be kept strictly confidential. It will be used to track how many people are coming to the class, and to pair information like your gender, ethnicity/race, and health conditions with results from your fitness tests. Once paired, your identifying information will be removed and your responses combined with others to measure progress for all groups. Please see the 'MI EnhanceFitness Privacy Notice' for more information.

## Personal Information

Name:

First

MI

Last

Today's Date: 

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Zip Code: 

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What YEAR were you born? 

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## Demographic Information

1. Gender     Female     Male     Other

2. Do you speak a language other than English at home?

Yes     No    If 'Yes,' what language? \_\_\_\_\_

3. What is the highest level of education that you have completed?

- Less than high school       High school graduate       College graduate
- Some high school       Some college or vocational school       Graduate school

4. What is your yearly income?

- Less than \$15,000       \$15,000 to \$24,999       \$25,000 to \$49,999
- \$50,000 to \$75,000       More than \$75,000

5a. Are you of Hispanic, Latino, or Spanish origin?

- Yes, Hispanic/Latino     No, not Hispanic/Latino     Unknown

5b. Do you consider yourself Middle Eastern or Arabic?

- Yes, Middle Eastern/Arabic     No, not Middle Eastern/Arabic     Unknown

**Demographic Information (continued)**

5c. Please select one or more of the following that best defines your race:

- American Indian/Alaska Native     Black/African-American     White/Caucasian  
 Asian/Asian-American     Hawaiian Native/Pacific Islander
- 

6a. How many people live in your household (including yourself)?

6b. How many children (under age 18) live in your household?

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7a. Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, special bed or special telephone?     Yes     No

7b. Are you limited in any activities because of physical, mental or emotional problems?     Yes     No

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8. Are you an immigrant, refugee or new arrival to this country?

- Yes     No     Unknown
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9. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

- Yes     No     Unknown
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10a. Do you have health insurance?

- Yes     No     Unknown

10b. If 'yes,' what type of health insurance do you have? (Check all that apply.)

- Medicare     Medicaid     Private Insurance     Veterans Benefits     Other
- 

11. Has a health care provider ever told you that you have any of the following health conditions? (Check all that apply.)

- |  |   |
|--|---|
| <input type="radio"/> Arthritis (or arthritis related condition) | <input type="radio"/> High blood pressure (Hypertension)                        |
| <input type="radio"/> Asthma                                     | <input type="radio"/> Osteoporosis  |
| <input type="radio"/> Emphysema                                  | <input type="radio"/> Serious mental illness                                    |
| <input type="radio"/> Cancer                                     | <input type="radio"/> Stroke  |
| <input type="radio"/> Depression or Anxiety disorders            | <input type="radio"/> Other (specify): _____                                    |
| <input type="radio"/> Diabetes                                   | <input type="radio"/> None (no chronic conditions)                              |
| <input type="radio"/> Heart disease                              | <input type="radio"/> Care giver for person with health or disabling conditions |







# Instructions for *EnhanceFitness* Class Data Collection

\*ALL Current forms dated June 2016

## Forms Sent to MI Department of Health and Human Services

**Note:** Please download forms from website rather than photocopying

### **FORM:** *Participant Information Form (PIF)*

**Completed by:** Participant

**Purpose:** To provide basic demographic information about participant

**How to Use:**

- Ask participant to fill in the requested details at or soon after their first class.
- Send in to MDHHS (see address below).

### **FORM:** *Fitness Check Form*

**Completed by:** Instructor

**Purpose:** To record information about participant's fitness status.

**How to Use:**

- Conduct fitness checks...
  - ✓ at or soon after participant's first class
  - ✓ after 4 months of participation
  - ✓ however often (or if) fitness checks are conducted after 4 months according to what the EF site's procedures suggest.
- Record information on the form as participant performs fitness check tasks.
- Send in to MDHHS (see address below).

**IMPORTANT!** This form includes a Confidentiality Notice and asks participants to indicate whether or not they are willing to have their fitness data used for research. Please ensure that participants read the statement, check "yes" or "no", and sign and date the form.

### **FORM:** *Attendance Sheet*

**Completed by:** Instructor

**Purpose:** To record attendance of participants

**How to Use:**

- Pre-printed attendance sheets are provided to coordinators by MDHHS each month, and distributed to sites/instructors.
- Record attendance at each session, by filling in a bubble for each participant present in the column for that day's date.
- When adding new names to an attendance sheet please print legibly.
- Try to avoid duplicate participants. Each participant's name should appear only once on an attendance sheet.
- Indicate participants who are no longer in the class and need to be removed by crossing their names out.
- Add new participants to the bottom of the sheet on the blank lines, rather than to lines where other names have been crossed out.

- Indicate any class time and/or day changes on the sheet at the upper right corner where that information appears.
- Please consult with your coordinator for attendance sheet submission deadlines. MDHHS asks coordinators to submit sheets for the previous month by the 10<sup>th</sup> of each month, and provides the next month's sheets to coordinators by the 20<sup>th</sup>.

**FORM: MI EF Document Cover Sheet**

**Completed by:** Instructor or Coordinator

**Purpose:** Provides contact information for the individual submitting EF forms. Identifies sender in case MDHHS staff have questions about documents and helps them maintain up-to-date contact information.

**How to Use:**

- Fill in the requested details regarding attached documents.
- Send in to MDHHS, with documents such as PIFs, Fitness Check Forms and Attendance Sheets (see address below).

**Forms NOT Sent to MI Department of Health and Human Services**

**FORM: *MI EF Privacy Notice***

**Completed by:** Not applicable

**Purpose:** To inform participants why personal information is collected, and how it is managed and used, and what options they have for allowing use of their personal information.

**How to Use:** This form should be distributed to all participants (new and existing), and is theirs to keep. Once instructors are sure that existing participants have received a copy, they can simply continue to provide it to new participants.

**FORM: *Health History Form***

**Completed by:** Participant

**Purpose:** To record information about the participant's health status, as well as contact information, emergency contact information and liability release.

**How to Use:** Ask participant to fill in the requested details at or soon after their first class.

- Keep on-site for access to health and emergency contact information.  
**IMPORTANT! This form includes a Liability Waiver. Please ensure that participants read the statement, and sign and date the form.**

**FORM: *Program Evaluation Form***

**Completed by:** Participant

**Purpose:** To gauge participant's overall satisfaction with the class.

**How to Use:**

- Ask participant to fill in the requested details

- Time collection according to the EF site's procedures
- Keep on site or send to coordinator, according to the EF site's procedures.

## What to do with the completed forms

**Quality Assurance:** After participants complete their forms please clarify any unclear responses (blanks, cross-outs, multiple responses when one response is requested, etc.).

- **Signatures:** Both the Fitness Check Form and the Health History Form require a signature (and "yes" or "no" indication of willingness to have data used for research on Fitness Check Form). Please be certain participant has signed and marked each form appropriately.
- **Where to Mail the Forms:**  
MDHHS  
Attn: EnhanceFitness Program, 7th Floor  
PO Box 30195  
Lansing, MI 48909

**If you have questions or concerns about these forms, please contact a MDHHS Arthritis Program staff person:**

Doreen Chambers  
[Chambersd1@michigan.gov](mailto:Chambersd1@michigan.gov)  
517-241-5652

Candice Lee  
[LeeC@michigan.gov](mailto:LeeC@michigan.gov)  
517-335-3188